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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: MAI	JGODT 1	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	DONALD	TOHN COSSE	AN
	MANGO	DT LLC Firm/Company	
		RCOUSSEE Re	<u>d</u> 3
	DRLANDO.	FLORINA 32	832
	DJ 119154 @ E-mail address: (1	FLORIDA 32 City/State and Zip Code  YAHOD. Com to be used for future annual report notification.	fication)
For further information cor	ncerning this matter, please ca		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
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DONALU JOHA Name of I	) CossiAN Person	at ( <u>689)</u> <u>245-</u> Area Code Daytim	5636 e Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	X \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
A4 - 11:		2	

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANGODT	LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number <u> </u>		-13-24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here	:
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principul office address MUST BE A STREET ADDR	RESS)	
		·
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ord specifies a	delayed effective o	date, but no	t an effective	time, at 12:01	a.m. on the earli-	er of: (b)	The 90th (	day after th
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